EXAMPLE: COVER LETTER FOR SMALL GROUP STANDARD MASTER CONTRACT

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER (If this is not the person preparing the filing please include that person's

name also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Contract Number:

ABC123-06

Product Name:

ABC Health

Proposed Effective Date:

September 1, 2006

Dear Insurance Policy/Analyst:

Enclosed are standardized medical and dental contract documents for your review, to assure compliance with state and federal guidelines. The documents included in this filing are:

- Small Group Contract
- Group Application
- Member Application
- Certificate of Coverage

(The above section must be completed in full or the filing will be returned.)

A corresponding rate filing will be submitted under separate cover.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

HEALTH CARE SERVICE CONTRACTOR/HEALTH MAINTENANCE ORGANIZATION TRANSMITTAL 1. Company ID 2. Company Name For OIC Use Only WASHCOMPANY1234 WASHINGTON CARRIER 1 File ID] Analyst 3. Date Submitted 4. Proposed Effective Date Date Initials JUNE 1, 2006 SEPTEMBER 1, 2006 Approved 5. Contact 6. Title Reviewed ANGELA BARNES MANAGER, CONTRACTS Withdrawn 7. Phone (000) 000-0000 8. Fax # (000) 000-0000 Disapproved Acknowledged 9. E-Mail 10. Purpose of Filing State Tracking # ABARNES@WACARRIER.COM TO FILE SMALL GROUP STANDARD MASTER CONTRACT Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box В Line of Insurance Contract # Effective Date Prior Contract # Effective Date **Product Name** STANDARD MASTER CONTRACT ☐ Large Group Contract (51+) ABC123-06 ABC123-05 **ABC HEALTH** Small Group Contract (2-50) ABCAPP-06 ABCAPP-05 GROUP APPLICATION ABCMBRAPP-06 ABCMBRAPP-05 MEMBER APPLICATION □ Certificate of Coverage ABCCERT-06 ABCCERT-05 CERTIFICATE OF COVERAGE ☐ Endorsement/Rider 12. ☐ Individual ☐ Application ☐ Endorsement/Rider 13. ☐ Conversion ☐ Endorsement/Rider 14. ☐ Network Reports Access Plan ☐Form B - Network Enrollment ☐GeoGraphic Network Report 15. ☐ Other 16. ☐ Small Group **Limited Schedule of Benefits** ☐ Group Application ☐ Member Application ☐ Certificate of Coverage ☐ Endorsement/Rider ☐ Benefit Brochure PRIOR APPROVAL Agreement #/Effective Date Prior Agreement #/Effective Date ☐ Provider Agreement 18. RATE Negotiated Contract #/Effective Contract #/Effective Date Prior Contract #/Effective Date Date Proprietary For-Public NEGOTIATED CONTRACT Government ☐ Employer Association Trust Union ☐ Fully Negotiated ☐ Short-Form Filing ☐ Paperwork Paperwork ☐ Paperwork ☐ Paperwork ☐ Paperwork **Negotiated Contract Number:** Effective Date: Group Name: **Group Number:** Standard Master Contract Number (short form filings only): **Effective Date:** Forms Included in this Filing: Contract Certificate of Coverage Group Application **Enrollee Application** (Please list form numbers in Section 22 attached) 20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY, PLEASE COMPLETE FIELD 19 ABOVE.) Negotiated Endorsement/Rider Form #: Changes Apply to: Contract Certificate of Coverage Please note that rate filings and form filings must be submitted together for new plans

EXAMPLE: COVER LETTER FOR SMALL GROUP PUBLIC RATE FILING

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name

also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Small Group Rate Filing - Public Rate Schedule

Effective Date: September 1, 2006

Form Number: ABC123-06

(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Small Group Public Rate filing for your review. This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely, Washington Carrier

	HEALTH CARE SERVICE	CONTRACTOR/HEAL	TH MAIN	ITENANCE OR	GANIZAT	ION TRANS	MITTAL				
	ompany ID	2. Company Name				Use Only					
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7. Ph	ione	8. Fax #		Disapproved							
) 000-0000	(000) 000-0000		Acknowledged							
9. E-	Mail RNES@WACARRIER.COM	10. Purpose of Filing TO FILE SMALL GROUP F	5.75 FILLS	State Tracking #							
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Check all forms that apply to this filing. If additional space is required to list contract numbers, attach a separate sheet. Please fill out columns A through C every time you check a box											
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		(Please list form num	bers in Sect	ion 22 attached)							
20. NEGOTIATED ENDORSEMENT/RIDER (FOR FULLY NEGOTIATED CONTRACTS ONLY, PLEASE COMPLETE FIELD 19 ABOVE.)											
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Please note that rate filings and form filings must be submitted together for new plans											

INS-1120 Revised 5/06 4-4

EXAMPLE: COVER LETTER FOR SMALL GROUP PROPRIETARY RATE FILING

JUNE 1, 2006

TO:

OFFICE OF THE INSURANCE COMMISSIONER

RATES AND FORMS DIVISION

PO BOX 40255

OLYMPIA, WA 98504-0255

FROM:

WASHINGTON CARRIER

0000 ANY STREET

ANY TOWN, ANY STATE 00000

CARRIER CONTACT: ANGELA BARNES, CONTRACT MANAGER

(If this is not the person preparing the filing please include that person's name

also).

CONTACT PHONE: (000) 000-0000

SUBJECT:

Small Group Rate Filing - Proprietary

Effective Date: September 1, 2006

Form Number: ABC123-06

(If multiple form numbers, list all on a separate sheet)

Dear Actuary:

Enclosed is the Small Group Community Rate filing for your review. The documents included in this filing are:

- A Description of the Rate-Making Methodology, Experience Data, and Justifications
- Filing Document Summary WAC 284-43-945
- Actuarial Certification
- Rate Exhibit
- Illustrative Examples

Per RCW 48.02.120(3), we request this filing to be withheld from public inspection. We have stamped "not-for-public" on each page of this filing.

This letter and enclosed filing transmittal are prepared in duplicate. A self-addressed, stamped envelope is provided for your convenience in acknowledging final action on this filing.

Sincerely,

Washington Carrier

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